

Proposal Cover Page

Name of Bidding Firm *(Legal name as it will appear on the contract)*

Mailing Address *(Street address, P.O. Box, City, State, Zip Code)*

Person authorized to act as the primary contact for matters regarding this proposal:

Printed Name *(First, Last)*:

Title:

Telephone number:

Fax number:

Email address, if applicable

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Person authorized to obligate this firm in matters regarding the resulting contract:

Printed Name *(First, Last)*:

Title:

Telephone number:

Fax number:

Email address, if applicable

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(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign all proposal documents on behalf of the Board:

Printed Name *(First, Last)*:

Title:

Signature of Proposer or Authorized Representative

Date:

Required Attachment / Certification Checklist

Qualification Requirements. I certify that my firm meets the following requirements:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm possesses at least two consecutive years of experience of the various service types listed in Item 1 of the RFP section entitled, "Qualification Requirements". That experience occurred within the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has current disease management accreditation by a nationally recognized accrediting agency such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee on Quality Assurance (NCQA), or Utilization Review Accreditation Commission (URAC).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has read and is willing to comply with the terms, conditions and contract exhibits addressed in the RFP section entitled, "Contract Terms and Conditions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) My firm is in good standing and qualified to conduct business in California. [Check "N/A" if not a Corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) My firm is qualified to claim nonprofit status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has a past record of sound business integrity and a history of being responsive to past contractual obligations. My firm authorizes the State to confirm this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has certified via Attachment 8 that its proposal response is not in violation of Public Contract Code Section 10365.5 and has, if applicable, identified previous State consultant services contracts entered into that were related in any manner to the services, goods, or supplies being acquired in this procurement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has complied with the DVBE actual participation and/or good faith effort requirements as instructed in the DVBE Instructions / Forms (Attachment 9).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm will supply, before contract execution, proof of self-insurance or copies of insurance certificates proving possession of general liability and/or automobile liability insurance as stipulated in Item 10 of the RFP section entitled, "Qualification Requirements".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has no conflict of interest and has submitted the required certification and documentation necessary to prove this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Proposal format and content.		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm complied with the Technical Proposal format requirements and my firm submitted one original Technical Proposal and five (5) copies and one CD-ROM version. My proposal is assembled in the following order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proposal Cover Page (Attachment 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Executive Summary Section consisting of 3 or fewer pages.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Agency Capability Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Work Plan Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Management Plan Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Project Personnel Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Facilities and Resources Section	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continued on next page)

Required Attachment / Certification Checklist

Cost Section with the following documentation:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 12 , Rate Proposal form. Form is signed. Corrections, if any, have been initialed. My firm complied with the Rate Proposal format and submission requirements and my firm submitted one original Rate Proposal, five (5) copies and one CD-ROM version separate from the technical proposal sets.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendix Section with the following documentation:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) Attach either a copy of the Certificate of Status issued by California's Office of the Secretary of State or submit a copy of the bidding firm's active on-line status information downloaded from the California Business Portal website. Attach an explanation if the required documentation cannot be supplied. [Check "N/A" if not a Corporation.] [Modify this item only if the Appendix Section instructions were altered to require proposers to submit a copy of their Articles of Incorporation and/or Bylaws.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) A copy of an IRS determination letter proving eligibility to claim nonprofit and/or 501 (3) (c) tax exempt status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	An organization chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Letters of agreement, signed by each pre-identified subcontractor and independent consultant or applicable explanation. [Check "N/A" if no subcontractors or consultants will be used or if none has been pre-identified.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proof that no prohibited conflicts of interest exist via Attachment 15 with applicable documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Small Business Preference form (Attachment 16)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Required Attachment / Certification Checklist

Form Section with the following attachments / forms:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 2 , Required Attachment / Certification Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 3 , Business Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 4 , Client References	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 5 , RFP Clause Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 6 , CCC 1005 - Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 7 , Payee Data Record. [Check "N/A" if the Proposer has had a prior contract with DHS.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 8 , Follow-on Consultant Contract Disclosure. Disclosure attachment is present when applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 9a , Actual DVBE Participation, and DVBE certifications for each DVBE subcontractor or supplier listed. Complete this form according to the instructions in Attachment 9 if partial or a full 3% DVBE participation was attained. [Check "N/A" if zero participation was achieved and the Proposer chose to complete the good faith effort form or check "N/A" if the proposed cost for the entire contract term is under \$10,000.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 9b , Good Faith Effort, and applicable GFE documentation. Complete this form if 3% DVBE participation was not attained. [Check "N/A" if 3% DVBE participation was achieved and Attachment 9a was submitted or check "N/A" if the total proposed cost is under \$10,000.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 10a , Non-Small Business Subcontractor Preference Request and Attachment 10b , Small Business Subcontractor/Supplier Acknowledgement Check "N/A" if not applying for this subcontractor preference.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Bidding Firm:		
Printed Name/Title:		
Signature		Date:

Business Information Sheet

A signature affixed hereon and dated certifies compliance with all bid requirements. The signature below authorizes the State to verify the claims made on this form.

Name of Bidding Firm:		CA Corp. No. (If applicable)	Federal ID Number
Name of Principal (If not an individual):	Title:	Telephone Number	Fax Number
Street Address / P.O. Box	City	State	Zip Code

Type of Business Organization / Ownership (Check all that apply)

Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint venture <input type="checkbox"/> Association	Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Private <input type="checkbox"/> Public	Governmental <input type="checkbox"/> City/County, California State Agency, Federal Agency, State (other than California) <input type="checkbox"/> Other: _____	Other Type of Entity <input type="checkbox"/> Public or Municipal Corporation, School or Water District, California State College, University of California, Joint Powers Agency <input type="checkbox"/> Auxiliary College Foundation <input type="checkbox"/> Other: _____ <input type="checkbox"/> NVSA
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California Certified Small Business Status ☐ N/A ☐ Microbusiness ☐ Small business

<input type="checkbox"/> Certified By DGS	Certification No: _____	Expiration Date: _____
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If certified, attach a copy of certification letter.	If an application is pending, date submitted to DGS: _____
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Small Business Type (If applicable) ☐ N/A ☐ Services ☐ Non-Manufacturer ☐ Manufacturer

<input type="checkbox"/> Contractor (Construction Type): _____	<input type="checkbox"/> Contractor's License Type: _____
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Veteran Status of Business Owner ☐ N/A

<input type="checkbox"/> Disabled Veteran Certified by DGS	Certification No. _____	Expiration Date: _____
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If certified, attach a copy of certification letter.	If an application is pending, date submitted to DGS: _____
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Disadvantaged Business Enterprise Status: ☐ N/A ☐ Approved by the Cal Trans, Office of Civil Rights.

Certification number issued by Cal Trans: _____	Expiration Date: _____
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Race/Ethnicity of Business Owner ☐ N/A

Owner's Ethnicity (check one) <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific-Asian <input type="checkbox"/> Other _____	Owner's Race (check one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	If Asian or Native Hawaiian or Pacific Islander (check one): <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other _____
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Sex of Business Owner ☐ N/A (Not independently owned) ☐ Male ☐ FemaleIndicate possession of required licenses and/or certifications: ☐ N/A

Contractor's State Licensing Board No.	PUC License Number CAL-T-	Required Licenses/Certifications (If applicable)
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Signature	Date Signed
Printed/Typed Name	Title

Public Records Information

The above information is required for statistical and/or bidding purposes. Completion of this form is mandatory. This information will be made public upon award of the contract and will be supplied to DHS' Contract Management Unit, Department of General Services and possibly other public agencies. To access contract related records, contact the Contract Management Unit, 1501 Capitol Avenue, Suite 71.2101, MS 1403, P.O. Box 997413, Sacramento, CA 95899-7413, telephone number (916) 650-0100

Client References

List 3 clients served in the past 5-years for which the bidding firm provided similar services. List the most recent first.

REFERENCE 1

Name of Firm

Street address	City	State	Zip Code
Contact Person	Telephone number ()		
Dates of service	Value or cost of service		
Brief description of service provided			

REFERENCE 2

Name of Firm

Street address	City	State	Zip Code
Contact Person	Telephone number ()		
Dates of service	Value or cost of service		
Brief description of service provided			

REFERENCE 3

Name of Firm

Street address	City	State	Zip Code
Contact Person	Telephone number ()		
Dates of service	Value or cost of service		
Brief description of service provided			

If three references cannot be provided, explain why:

RFP Clause Certification

I, the official named below, Certify Under Penalty of Perjury that I am duly authorized to legally bind the prospective Contractor to the certification clauses located in the RFP section entitled, "Bidding Certification Clauses". This certification is made under the laws of the State of California.

Name of Firm (Printed)	Federal ID Number
By (<i>Authorized Signature</i>)	
Printed Name and Title of Person Signing	
Date Executed	Executed in the County of:

CCC 1005 – CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>	
<i>By (Authorized Signature)</i>			
<i>Printed Name and Title of Person Signing</i>			
<i>Date Executed</i>		<i>Executed in the County of</i>	

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)
2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
 - c. Every employee who works on the proposed Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)
3. **NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)
4. **CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT:** Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

(Continued on next page)

CCC 1005 - CERTIFICATION

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with State of California.

6. SWEATFREE CODE OF CONDUCT:

- a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.
- b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph a.

7. DOMESTIC PARTNERS: For contracts executed or amended after July 1, 2004 the contractor may elect to offer domestic partner benefits to the contractor's employees in accordance with Public Contract Code section 10295.3. However, the contractor cannot require an employee to cover the costs of providing any benefits which have otherwise been provided to all employees regardless of marital or domestic partner status.

NOTE: This form represents only the certification portion of the Contractor Certification Clauses (CCC). Additional information about contracting with the State appears in the full text of the applicable CCC. Visit this web site to view the entire document: <http://www.ols.dgs.ca.gov/Standard+Language/default.htm>.

PAYEE DATA RECORD(Required when receiving payment from the State of California in lieu of IRS W-9)
STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form.								
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) _____ <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____</td> <td style="width: 50%;">E-MAIL ADDRESS _____</td> </tr> <tr> <td>MAILING ADDRESS _____</td> <td>BUSINESS ADDRESS _____</td> </tr> <tr> <td>CITY, STATE, ZIP CODE _____</td> <td>CITY, STATE, ZIP CODE _____</td> </tr> </table>			SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____	E-MAIL ADDRESS _____	MAILING ADDRESS _____	BUSINESS ADDRESS _____	CITY, STATE, ZIP CODE _____	CITY, STATE, ZIP CODE _____
SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____	E-MAIL ADDRESS _____								
MAILING ADDRESS _____	BUSINESS ADDRESS _____								
CITY, STATE, ZIP CODE _____	CITY, STATE, ZIP CODE _____								
3 PAYEE ENTITY TYPE CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): - 		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.						
	<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </td> <td style="width: 33%; vertical-align: top;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS </td> <td style="width: 33%;"></td> </tr> </table>		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS					
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS								
	<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - 								
	(SSN required by authority of California Revenue and Tax Code Section 18646)								
4 PAYEE RESIDENCY TYPE	<input type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 40px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div>								
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.								
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) _____		TITLE _____						
	SIGNATURE _____	DATE _____	TELEPHONE () _____						
6	Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/ZIP: _____ Telephone: () _____ FAX: () _____ E-Mail Address: _____								

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (Page 2)

1	<p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>						
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>						
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>						
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address: wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: wscs.gen@ftb.ca.gov					
For hearing impaired with TDD, call:	1-800-822-6268	Website: www.ftb.ca.gov					
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>						
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>						

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.

All questions should be referred to the requesting State agency listed on the bottom front of this form.

Follow-on Consultant Contract Disclosure

Background Information:

1. PCC Section 10365.5 generally prohibits a person, firm, or subsidiary thereof that has been awarded a consulting services contract from submitting a bid for and/or being awarded an agreement for, the provision of services, procurement of goods or supplies, or any other related action that is required, suggested, or otherwise deemed appropriate in the end product of a consulting services contract.
2. PCC Section 10365.5 does not apply to any person, firm, or subsidiary thereof that is awarded a subcontract of a consulting services agreement that totals no more than 10 percent of the total monetary value of the consulting services agreement.
3. Consultants/employees of a firm that provides consulting advice under an original consulting contract are not prohibited from providing services as employees of another firm on a follow-on contract, unless the persons are named contracting parties or named parties in a subcontract of the original contract.
4. PCC Section 10365.5 does not distinguish between intentional, negligent, and/or inadvertent violations. A violation could result in disqualification from bidding, a void contract, and/or imposition of criminal penalties.

Disclosure [Mark one (1) box]:

- ☐ I hereby certify that neither my firm nor any subcontractor that my firm intends to use under the contract resulting from this procurement, is currently providing consulting services to the state under a state contract (or as a subcontractor providing more than 10 percent of dollar value of a consulting service contract with the state) or has provided such services within five (5) years prior to the release of this RFP that are related in any manner to the services, goods, or supplies being acquired pursuant to this RFP. **[Sign below.] This option is likely to apply to bidding firms that do not currently and/or never have provided consultant services to the State.**
- ☐ Attached is a disclosure of current and/or prior consulting services provided by my firm or a proposed subcontractor to the state under a state contract within five (5) years prior to the release of this RFP that may be related in some manner to the services, goods, or supplies being acquired pursuant to this RFP. **[Sign below and attach to this document a detailed disclosure.]**

Name of Bidding Firm

Signature

Date Signed

Printed/Typed Name

Title

DVBE Instructions / Forms

Disabled Veteran Business Enterprise Participation (DVBE) Information

- | | |
|---|--|
| DVBE Definition
(for this
document only) | <ul style="list-style-type: none">• A California firm whose ownership, daily management, and operational controls meets all statutory DVBE certification requirements, as documented by the possession of a certification letter issued by the Department of General Services, Office of Small Business and DVBE Certification [OSDC](hereafter referred to as DGS). |
| California
Requirements | <ul style="list-style-type: none">• The State of California requires a three percent (3%) participation level in state contracts to further disabled veteran business enterprise (DVBE) participation in California.• Only DVBEs, possessing a current DVBE certification issued by DGS, may be claimed for participation. Over 600 DVBE firms are presently certified.• Effective January 1 2004, Chapter 623, Statutes of 2003, became effective and requires all small business, microbusinesses, and disabled veteran business enterprises to perform a “commercially useful function” in any contract they perform for the State. <p>A business that is performing a commercially useful function is one that does all of the following:</p> <ol style="list-style-type: none">1. Is responsible for the execution of a distinct element of the work of the contract.2. Carries out its obligation by actually performing, managing or supervising the work involved.3. Performs work that is normal for its business, services and function.4. Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices. |
| DHS Rights /
Requirements | <ul style="list-style-type: none">• Unless DVBE participation is exempted by DHS, a 3% DVBE participation level is required for all service contracts with a total value of \$10,000 or more.• DHS reserves the right to exempt any contract from DVBE participation when it is determined to be in the Department’s best interest to do so.• DHS reserves the right to waive DVBE participation requirements at any time prior to the bid/proposal submission deadline. Said waivers may be announced by way of a faxed or written correction notice, administrative bulletin, or bid document addendum.• DHS reserves the right to waive “Good Faith Effort” advertising when DHS believes that bidding time lines do not permit sufficient advertising.• DHS reserves the right to contact bidders/proposers during the bidding/evaluation process to collect clarifying information or to request corrections, as necessary, to DVBE documentation.• The accompanying instructions must be strictly followed. Failure to do so may be grounds for bid/proposal disqualification. |

**For
answers or
help, dial:**

(916) 650-0205

Dial (916) 650-0205, if you have a question or need help.

DVBE Instructions

Participation Requirements of this Solicitation

- Each prime contractor must either achieve 3% DVBE participation **or** demonstrate that an adequate “Good Faith Effort” (GFE) was made to achieve DVBE participation.
 - Firms submitting bid responses with either less than 3% DVBE participation **and/or** a less than adequate GFE, will be deemed nonresponsive and ineligible to receive a contract award.
-

How to Calculate 3% Participation

- Unless instructed otherwise in the bid document, first determine the total dollar value/amount that will be bid, then multiply this figure by 3% to determine how much of the contract budget should be spent on DVBE supplied services, labor, supplies, materials, or equipment.
-

How to Meet Participation Requirements

1. ***If the prime contractor IS a DVBE***, commit to use your own workforce alone or in combination with other DVBEs to perform commercially useful functions equal to no less than 3% of the contract bid amount. If this fits your firm’s situation, do the following:

Go to page 7. On the form entitled “**Actual DVBE Participation**”, list your firm’s name, the name of other participating DVBEs, complete all items, and attach a copy of the DVBE certification issued by DGS to your firm and all other participating DVBE firms.

OR

2. ***If the prime contractor IS NOT a DVBE***, it must commit to use or subcontract out an amount equal to 3% of the total contract bid amount to qualified DVBE service providers and/or suppliers that will perform a commercially useful function. If this fits your firm’s situation, do the following:

Go to page 7. On the form entitled “**Actual DVBE Participation**”, list the proposed DVBEs, complete all items, and attach a copy of each DVBE’s current DVBE certification issued by DGS.

OR

3. ***If the prime contractor IS NOT a DVBE, and the bid document is solely soliciting electronic data processing (EDP), information technology (IT), and/or telecommunications services, goods, supplies, equipment, and/or EDP and/or telecommunications services***, do the following:

Submit a copy of your firm’s “Notice of Approved DVBE Business Utilization Plan” issued by DGS’ Procurement Division (PD).

Business Utilization Plans, when allowed, must be submitted to DGS’ (PD) prior to the bid/proposal submission deadline and must be subsequently approved. ***Business Utilization Plans may not be submitted in lieu of actual DVBE participation or in lieu of performing the DVBE good faith effort process for construction or non-EDP or non-IT service contracts.***

Start right away, do not delay.

DVBE Instructions

**How to Meet
Participation
Requirements**
(continued)

*Start right
away, do not
delay.*

Instructions and additional information about Business Utilization Plans may be obtained from:

Department of General Services – Procurement Division
Office of Small Business and DVBE Outreach and Education
707 Third Street, 2nd Floor
P.O. Box 989052
West Sacramento, CA 95798-9052

or by calling:

DGS' Receptionist at (800) 559-5529 or (916) 375-4400

OR

- 4. Conduct all five (5) steps of the “Good Faith Effort (GFE)”** process to show what efforts were made to achieve DVBE participation. If your firm is not a certified DVBE or your firm cannot achieve a full 3% DVBE participation level of the total contract bid amount, do the following:

Go to page 4. Follow the instructions for each of the 5 good faith effort steps. Document your firm's GFE efforts on the form entitled “Good Faith Effort” appearing on pages 8 and 9.

DVBE Instructions

GFE Steps / Instructions

**Document your
GFE efforts on
the form in this
package
entitled “Good
Faith Effort”.**

*Do not delay
until the final
days before your
bid is due to
start this
process.*

*These five
steps may
require 4
weeks or
more to
complete.*

NOTE:

**This is a new
requirement
for DHS
contracts**



1. Dial (916) 650-0205, the DHS Contract Management Unit voice mail telephone line, to obtain:
 - a. A referral to another state agency that provides a list of DVBE firms, publication resources, or other information.
 - b. Assistance in completing the DVBE forms in this package.
 - c. Answers to questions about DVBE participation and/or GFE documentation requirements.
2. Contact other state AND federal agencies AND local DVBE organizations for assistance in identifying potential DVBE service providers or suppliers.
 - a. Contact one or more California state agencies. The Office of Small Business and DVBE Certification (OSDC) program of DGS qualifies as one of these contacts. Dial DGS' live operator at (800) 559-5529 or (916) 375-4940; **OR** Dial DGS' 24-hour telephone recording line at (916) 322-5060 to obtain the current DVBE Resource Packet or visit DGS' Internet site at <http://www.dgs.ca.gov/osbcr> to download the complete list of certified DVBEs.
 - b. Contact one or more local California DVBE organizations listed in the DVBE Resource Packet.
 - c. Contact the Department of Defense Central Contractor Registration (CCR) for a listing of potential DVBEs via the following Internet site: <http://www.ccr.gov/>. SBA will not accept telephone contacts. Before using a DVBE referred by the Federal SBA to meet goal participation, verify that the named DVBE is registered with DGS as a certified California DVBE.
 - d. **Enter on the form entitled “Good Faith Effort”:** Date/time of contact; name of organization contacted; contact method; and telephone number, e-mail, or Internet address. As proof of contacts at Internet websites, attach a copy of each Internet website page that you visit (e.g., DGS' OSDC and federal SBA).
3. Unless GFE advertising is waived by DHS due to time constraints, advertisements for DVBE service providers, subcontractors or suppliers must be placed in at least:
 - a. One “**trade**” publication related to a trade or industry, **and**
 - b. One “**focus**” publication whose ads are specifically distributed and focused to reach DVBE firms. **OR**
 - c. One publication that qualifies as both “**trade**” and “**focus**”. See the DVBE Resource Packet for a listing of applicable publications.
 - 1) Ad placement may be specifically directed to publications that distribute their ads to businesses in the geographical areas where the work will be performed.
 - 2) **Ads should appear in publications 10–14 calendar days** prior to the date your bid or proposal response is due to be submitted to DHS. Ads for DHS procurements do not need to be publicized for any specific length of time.

DVBE Instructions

GFE Steps / Instructions (continued)

**Document your
GFE efforts on
the form in this
package entitled
“Good Faith
Effort”.**

*Do not delay until
the final days
before your bid is
due to start this
process.*

*These five steps
may require 4 or
more weeks to
complete.*

3.c.2) GFE advertising instructions (continued)

Give potential subcontractors/suppliers ample time (i.e., no less than 3-5 working days) to respond to your ad(s), while allowing your firm sufficient time to seriously consider each firm that responds.

3) **Ads should contain** information similar to the following:

[Enter your company name]
Is seeking qualified DVBE vendors to provide
[Enter description/list of services/supplies, etc.]
in [Enter geographical service area/location, if applicable]
for DHS IFB/RFP [Enter DHS IFB/RFP number or Project Name]
Contact: [Enter your name, address, telephone number, fax number, and/or e-mail ID]
Submit qualifications by: [date/time] or
Submit bids by: [date/time]

- 4) Ads placed in general circulation newspapers including the *LA Times* or the *Sacramento Bee* are not acceptable.
 - 5) If GFE advertising has not been waived by DHS, attach to the form entitled “**Good Faith Effort**” appearing on pages 8–9, either a copy of the ad(s) or a written description citing the exact wording of the ad(s). Indicate, in Step 3 on the Good Faith Effort form, the publication date, whether the publication is a trade publication, focus publication, or both, and whether an ad copy or written ad content is attached.
- 4. Transmit direct solicitations or invitations to bid to potential DVBEs, identified in Steps 2 and/or 3, by way of mail, telephone, personal e-mail, fax, or other method.**
- a. Submit **a single sample** of one direct solicitation.
 - b. If contact was by telephone, document the conversation, date of contact, person contacted, and business opportunities discussed.
 - c. Submit a list of the DVBE firms to whom your firm transmitted direct solicitations (i.e., bidders list). Include each firm's name, address and telephone number.
- 5. Show that the interested DVBE firms that responded to your ad(s) and/or direct solicitations were considered.** Bidding firms are strongly encouraged to achieve full or partial DVBE participation, when performing the GFE process.
- a. List the DVBE firms that responded to your ad(s) or direct solicitations, if any. If no responses are received, indicate “none”, as instructed in Step 5 on page 9.

DVBE Instructions

GFE Steps / Instructions (continued)

**Document your
GFE efforts on
the form in this
package entitled
“Good Faith
Effort”.**

*Do not delay until
the final days
before your bid is
due to start this
process.*

*These five steps
may require 4 or
more weeks to
complete.*

**Participation
and GFE forms
appear in the
pages that
follow.**

Use of Proposed DVBEs

For each DVBE listed in Step 5 on page 9, indicate if your firm:

- 1) **WILL USE** the DVBE for a specific percentage amount of your bid. For each firm you will use, do the following:

List the name of these DVBEs on the form entitled “**Actual DVBE Participation**”. Indicate whom the DVBE will contract with, the commercially useful function they will provide, the claimed percentage of use, and their contracting tier. Attach, to this form, a copy of the current DVBE certification issued to the DVBE by DGS.

OR

- 2) **WILL NOT USE** the DVBE after giving consideration to such things as the DVBE’s qualifications, availability, capacity to perform/deliver, location, reference checks, and/or the services offered or goods supplied, etc.

For each of these firms, indicate, in Step 5 on page 9, the business reason(s) for not choosing to use the DVBE.

If awarded the contract, the selected contractor must faithfully use each DVBE proposed for use and identified on the form entitled “**Actual DVBE Participation**”. Exceptions are only allowed if the contractor submits a Request for Substitution to the DHS Program Contract Manager and that request is subsequently granted by DHS.

Substitution instructions appear in the “Special Terms and Conditions” exhibit clause entitled “Use of Disabled Veteran Business Enterprises”. A copy of this exhibit is attached to the bid document and/or will be attached to the contract.

ACTUAL DVBE PARTICIPATION

NAME OF DVBE FIRM PROPOSED FOR USE (Prime is to enter its own name, if the Prime is a certified DVBE)	FIRM THAT DVBE WILL CONTRACT WITH (Prime is to enter "Self", if the Prime is a certified DVBE)	COMMERCIALLY USEFUL FUNCTION TO BE PROVIDED BY DVBE	DVBE % Claimed	TIER (See legend below)

DVBE % Claimed: [Revised Feb. 2003]

Enter the percentage level of actual DVBE participation met, regardless of whether or not a full three percent (3%) of the total contract bid amount was achieved. **Participation may be expressed as a partial/fractional decimal percentage.** Do not enter any dollar figures in the "DVBE % Claimed" column. The budget sheets, if required, that are submitted in your proposal when responding to an RFP should reflect the DVBE service providers identified above, unless you are uncertain of the budget period in which the DVBE will be used.

TIER = **0** = Prime Contractor **1** = Subcontractor/Supplier to the Prime **2** = Subcontractor/Supplier to Level 1
3 = Subcontractor/Supplier to Level 2, etc.

Attach to this form, a copy of the current DVBE certification issued by DGS for each DVBE listed in the first column. If a new or renewed certification request was recently approved by DGS, but the confirming certification has not yet been received, place a footnote next to the DVBE's name and indicate on this form "Cert Pending" or "Cert To Follow".

Unless specifically indicated in the bid document, DHS will not accept state or federal business utilization plans in lieu of meeting DVBE participation and/or GFE requirements.

If necessary or desired, this form may be photocopied or reproduced in a like form for use in your bid response. If you choose to render a like copy by computer or other means, the instructions appearing on pages 1–6 may be omitted.

Please do not return or include in the bid response, a copy of the DVBE instructions preceding this form.

Bidding/Proposing Firm's Name	Signature	
Printed Name/Title		Date

GOOD FAITH EFFORT

Steps 1 and 2

Show the date and method of contact with DHS and show the contacts made with one or more other California state agencies and the Federal SBA and one or more California local DVBE organizations (see DGS' Resource Packet).

DATE OF CONTACT	TIME OF CONTACT	NAME OF AGENCY OR ORGANIZATION CONTACTED	CONTACT METHOD (Enter voice mail, internet access, or name of person contacted)	PHONE NUMBER, E-MAIL, OR WWW ADDRESS
		Dept. of Health Services		(916) 650-0205
		Dept. of General Services' Small Business and DVBE Certification	Voice mail	(916) 375-4940 (800) 559-5529
		Dept. of General Services' Small Business and DVBE Certification	Internet access **	dgs.ca.gov/osbcr
		Dept. of Defense Central Contractor Registration (CCR)	Internet access only **	http://www.ccr.gov
			** Attach one copy of each Internet website page that you visit as proof of this portion of your good faith effort.	

Step 3

Show proof of advertising in one trade and one DVBE focus publication, OR one publication qualifying as both a trade and a DVBE focus publication. Be certain to attach the appropriate ad copies or other cited documentation.

NAME OF PUBLICATION SOURCE	PUBLICATION DATE(S)	TYPE OF PUBLICATION Check the one that applies.			COPY OF AD ATTACHED	AD CONTENT ATTACHED
		Trade	Focus	Both		

Step 4

Show proof that direct invitations to bid were transmitted to potential DVBEs by way of mail, telephone, personal e-mail, fax, or other method.

- A. Attach, to this form, a **single sample** of an invitation to bid or solicitation that was transmitted directly to potential DVBEs. You may attach:
- One copy of the letter used to solicit bids from potential DVBEs, or
 - One copy of the narrative content of an e-mailed invitation to bid sent to potential DVBEs, or
 - A description of the verbal dialog with potential DVBEs, including date of contact, person contacted, and business opportunities discussed.
- B. Attach to this form a copy of the DVBE bidder list. This is the list of DVBE firms to whom direct solicitations or invitations to bid were transmitted.
- Include each DVBE firm's name, address, and telephone number.

(Continued on the next page)

GOOD FAITH EFFORT (continued)

Step 5

Show that your firm has considered the interested DVBE firms that responded to your firm's ad(s) and/or direct solicitations. If no responses were received, indicate "none" on the first line of Column 1.

NAME OF DVBE(S) THAT RESPONDED (This column is self-explanatory)	INDICATE YOUR PROPOSED USE OF EACH DVBE (Complete the appropriate column below and show percentage use, if applicable)		REASON(S) FOR NOT CHOOSING TO USE THIS DVBE (Enter a business reason for not selecting each firm identified in Column 2B)
	COLUMN 2A Will Use ___ Percent	COLUMN 2B X = Will Not Use	
COLUMN 1			COLUMN 3
	%		
	%		
	%		
	%		
	%		
	%		
	%		
	%		
	%		
	%		
	%		

Completion Instructions [Revised Feb. 2003]

For each entry in Column 2A, transfer the firm's name and claimed percentage value to the form entitled "Actual DVBE Participation". Complete Column 2A, only for those DVBEs that your firm fully intends to use. An entry in Column 2A will impose an obligation on your firm to use the DVBE firm shown for the percentage value claimed. **Participation may be expressed as a partial/fractional decimal percentage.**

Place an "X" in Column 2B for each interested DVBE that your firm does not intend to use.

Complete Column 3 for each "X" placed in Column 2B. In Column 3, indicate the business reason(s) for not selecting the DVBE firm.

If necessary or desired, this form may be photocopied or reproduced in a like form for use in your bid response. If you choose to render a like copy by computer or other means, the instructions appearing on pages 1–6 may be omitted.

Sole authority rests with DHS to determine whether or not a bidder/proposer has successfully documented actual DVBE participation and/or whether a bidder/proposer has made an adequate GFE to achieve participation. Bidders/proposers may, at their sole option, choose to submit both forms in this package (documenting both full participation and a GFE) as insurance against a finding that the actual participation claimed is unacceptable.

Should a bidder/proposer choose to do so, it may fax its proposed DVBE participation and/or Good Faith Effort forms to DHS at (916) 650-0110 for a preliminary acceptance review, prior to submitting these forms in a bid/proposal response. Do not transmit any other bid response materials to this telephone number. Preliminary DVBE acceptance reviews will be completed within 3 working days of receipt.

Bidding/Proposing Firm's Name	Signature
Printed Name/Title	Date

Non-Small Business Subcontractor Preference Instructions

Preference information	<p>Non-small business proposers will be granted up to a five percent (5%) non-small business subcontractor preference on a proposal evaluation by an awarding department when a responsive non-small business has submitted a proposal that earns the highest total score and when a non-small business proposer:</p> <ol style="list-style-type: none"> 1. Has included in its proposal a notification that it commits to subcontract at least twenty-five percent (25%) of its total cost proposal price with one or more small businesses; and 2. Has submitted a timely, responsive proposal; and 3. Is determined to be a responsible proposer; and 4. Lists the small businesses it commits to subcontract with for a commercially useful function in the performance of the resulting contract.
Commercially useful function	<p>A subcontractor is deemed to perform a commercially useful function if the subcontractor does the following:</p> <ol style="list-style-type: none"> 1. Is responsible for the execution of a distinct element of the contracted work; carrying out its obligation by actually performing, managing or supervising the work involved; and performing work that is normal for its business services and functions; and 2. Is not further subcontracting a greater portion of the work than would be expected by normal industry practices. 3. Is responsible, with respect to materials and supplies provided on the subcontract, for negotiating price, determining quality and quantity, ordering the material, installing (when applicable), and paying for the material itself. <p>A subcontractor will not be considered as performing a commercially useful function if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to achieve the appearance of participation.</p>
How to calculate 25% subcontract participation	<p>Unless otherwise instructed in the solicitation document, first determine the total dollar value or amount that will be bid for the entire contract term, then multiply this figure by 25% to determine how much of the cost proposal price must be committed to small business subcontracts that will perform commercially useful functions including but not limited to things such as labor, supplies, materials, equipment, or support services.</p>
Use of proposed subcontractors / substitution	<p>If awarded the contract, the selected contractor must faithfully use each small business subcontractor proposed for use and identified in its preference request. No substitutions or alterations are allowed after a proposal is submitted. Substitutions are only allowed after contract execution if the Contractor submits a Request for Substitution to the DHS Program Contract Manager and that request is subsequently granted by DHS.</p> <p>Small business subcontract substitution instructions will appear in the resulting agreement in a clause entitled "Use of Small Business Subcontractors".</p>
Preference request instructions	<p>If preference is claimed, indicate so on the Cost Proposal Form and complete Attachment 10a identifying each small business or microbusiness subcontractor that will be used. For each subcontractor identified on Attachment 10a, obtain a completed and signed Small Business Subcontractor/Supplier Acknowledgment (Attachment 10b). Affix each Attachment 10b to Attachment 10a for submission with the proposal response. If a signed Attachment 10b cannot be collected from each subcontractor in time for proposal submission, indicate why. Submission of a signed Attachment 10b for each subcontractor listed on Attachment 10a is a prerequisite for contract award confirmation.</p> <p>Identify only currently certified small business or microbusiness subcontractors, as active certification is required and certification possession will be verified. The detailed budget worksheets submitted in a proposal response must list each subcontract service provider and its respective participation dollar value as identified on Attachment 10a. All proposed subcontracted services must appear in a Proposer's Work Plan.</p>

Non-Small Business Subcontractor Preference Request

List each certified small business or microbusiness that will be subcontracted with. To be granted a bidding preference, total small business or microbusiness subcontractor use must equal at least 25% of the total price or cost offered. Each named subcontractor must be actively certified as a small business or microbusiness by the proposal submission due date and must acknowledge their participation as claimed herein via a Small Business Subcontractor/Supplier Acknowledgement (Attachment 10b). **Attach to this form an acknowledgement (Attachment 10b) signed by an authorized representative of each named subcontractor acknowledging their proposed use as described herein.**

Name of certified small business (or microbusiness) Subcontractor

Name of Subcontractor

Street address		City	State	Zip Code
Contact Person		Telephone number ()		
Small Business Certification No.	Certification exp. date	Participation dollar value \$	Committed % of total bid %	

Brief description of the commercially useful function(s) to be performed and/or provided:

Name of certified small business (or microbusiness) Subcontractor

Name of Subcontractor

Street address		City	State	Zip Code
Contact Person		Telephone number ()		
Small Business Certification	Certification exp. date	Participation dollar value \$	Committed % of total bid %	

Brief description of the commercially useful function(s) to be performed and/or provided:

Name of Bidding Firm

Signature	Date Signed
Printed/Typed Name	Title

If necessary or desired, this form may be photocopied or reproduced in a like form for use in a bid response. If the bidding firm chooses to render a like copy by computer or other means, the instructions appearing on Attachment 10 may be omitted.

Small Business Subcontractor/Supplier Acknowledgement

Name of Bidding Firm / Prime Contractor	DHS IFB or RFP Number:
Total Dollar Value of Subcontractor Use	DHS Bid Number:

This document confirms and acknowledges that the firm named below agreed to be identified by a bidding firm as a proposed small business or microbusiness subcontractor or supplier for a DHS procurement.

Subcontractor acknowledgements:

- A. The subcontracting firm named herein has committed to perform or provide services/labor or supplies equal to a percentage of the total bid/cost proposal price submitted by the bidding firm named above.
- B. The subcontracting firm named herein acknowledges the total dollar value of claimed participation identified above.
- C. The subcontracting firm named herein agrees to provide the following subcontracted services/labor or supplies under the resulting contract if the bidding firm named above receives the contract award:

Below and/or continued on an attachment is a brief description of the commercially useful function(s) that the subcontractor/supplier identified herein will provide or supply:

The subcontracting firm named herein understands it is its sole responsibility to contact the bidding firm named above to learn if the Proposer was awarded the contract pursuant to the referenced bid number and to confirm its subcontract agreement. If the bidding firm named above receives an award based in part on non-small business subcontractor preference, the bidding firm/contractor is obligated to use each small and/or microbusiness subcontractor or supplier identified in its proposal unless a subcontractor substitution is requested after contract execution pursuant to Public Contract Code Section 4107 and Title 2 California Code of Regulations Section 1896.10.

The person signing below certifies the information supplied on this form is true and accurate to the best of its knowledge and agrees to allow the State to confirm this information, if deemed necessary.

Name of Proposed Subcontractor/Supplier		Date Signed
Signature of Subcontractor/Supplier Representative	Telephone number ()	Email address (if applicable)
Printed/Typed Name	Title	

(indicate type) **Work Plan**

1. Insert here a brief explanation or description of the overall approaches and/or methods that will be used to accomplish the Scope of Work.
2. Explain why the particular approaches and methods were proposed (e.g., proven success or past effectiveness, etc.).
3. If applicable, explain what is unique, creative, or innovative about the proposed approaches and/or methods.
4. If any major complications or delays are envisioned at any stage of performance, describe those complications or delays and include a proposed strategy for overcoming those issues. Likewise, indicate if no major complications or delays are anticipated.

SAMPLE

5. If, for any reason, the Work Plan does not wholly address each Scope of Work (SOW) requirement, fully explain each omission. Likewise, indicate if the Work Plan contains no omissions.
6. Indicate the assumptions that were made in developing the Work Plan in response to DHS' Scope of Work. For each assumption listed, explain the reasoning or rationale that led to the assumption. Likewise, indicate if no assumptions were made.
7. If applicable, identify the additional Contractor and/or State responsibilities that you added to the Work Plan that are believed to be necessary to ensure successful performance but were omitted from DHS' Scope of Work. Likewise, indicate if no additional Contractor and/or State responsibilities, outside of those identified in DHS' SOW were included in the Work Plan.

Page ___ of ___

[Like or similar versions of this form may be developed for submission with a proposal response. Use as many pages as are necessary to fully detail the Work Plan for the entire contract term.]

Rate Proposal Form

The undersigned proposer hereby agrees to furnish all labor, transportation, equipment, materials and support services necessary for performance of the Scope of Work for the **all inclusive** case management fee to be received each month per Disease Management enrolled member indicated below: .

Total Rate Proposal :	\$ _____	Main Contract (August 1, 2006 – February 28, 2010)
	\$ _____	Extension Year 1
	\$ _____	Extension Year 2

Bidding Preferences Claimed (Check only the preferences claimed)

- ☐ Certified small business or microbusiness preference (including Nonprofit Veteran Service Agencies)
- ☐ Non-small business subcontractor preference (committing use of 25% or more of small business subcontracts)

The undersigned proposer hereby affirms that the statements/claims made in the Technical/Rate Proposal are true and accurate to the best of the proposer's knowledge. By signing this Rate Proposal, the proposer hereby claims his/her willingness to certify to and comply with all requirements contained in this RFP and all RFP attachments/forms. The undersigned recognizes that its Technical and Rate Proposal shall become public records upon submission and will be open to public inspection.

The Proposer agrees that the rate presented in its rate proposal shall remain in effect until DHS awards the resulting agreement and throughout the duration of the agreement.

Name of Bidding Firm:	_____		
Street address	_____		
City/State	_____	Zip Code:	_____
Telephone number:	() _____	Fax number:	() _____
Facsimile number:	_____		
Printed name:	_____	Title:	_____
Signature:	_____	Date:	_____

Attachment 13

Voluntary Letter of Intent

Purpose	This is a non-binding Letter of Intent whose purpose is to assist DHS in determining the staffing needs for the proposal evaluation process and to improve future procurements.
Information requested	DHS is interested in knowing if your firm intends to submit a proposal or your reasons for not submitting a proposal. Completion of this form is voluntary].
Action to take	Indicate your intention to submit a proposal by checking items 1 or 2 below. Follow the instructions below your selection.

1. ☐ **My firm intends to submit a proposal.**

- A. Check box number 1 if the above statement reflects your intention.
- B. Complete the bottom portion of this form and return it to DHS as instructed in the RFP section entitled, "Voluntary Non-Binding Letter of Intent".
-

2. ☐ **My firm does not intend to submit a proposal for this project.**

- A. Check box number 2 if the statement in item 2 reflects your intention.
- B. Indicate the reason(s) for not submitting a proposal by checking each of the following statements that apply.
- ☐ My firm lacks sufficient staff expertise or personnel resources to meet all RFP requirements.
 - ☐ My firm lacks sufficient experience (i.e., not enough or wrong type).
 - ☐ My firm believes the qualification requirements are too restrictive.
 - ☐ Insufficient time was allowed for proposal preparation.
 - ☐ Too much paperwork is required to prepare a proposal response.
 - ☐ Other commitments and projects have a greater priority.
 - ☐ My firm did not learn about the contract opportunity soon enough.
 - ☐ My firm does not provide the full range of services that DHS is seeking.
 - ☐ My firm is only interested in becoming a subcontractor, consultant, or supplier.
 - ☐ My firm cannot meet the DVBE requirements - we do not wish to subcontract any work out.
 - ☐ Too much effort and/or paper work is required to meet California DVBE requirements.
 - ☐ Insufficient time was allowed for DVBE compliance.
 - ☐ Other reason: _____
- _____
- _____
- C. Complete the bottom portion of this form and return it to DHS as instructed in the RFP section entitled, Voluntary Non-Binding Letter of Intent".
- D. By indicating there is no intention to submit a proposal, DHS may elect not to send your firm RFP clarification notices, RFP addenda, proposer questions and answers, or other procurement notices.
-

Name of Firm:

Printed Name/Title:

Signature:

Date:

Exhibit 14

Request for Inclusion on Mailing List

The California Department of Health Services (CDHS) will continue to provide automatic updates about RFP 05-45889 **only** to prospective Proposers who complete and return this Request for Inclusion on Mailing List form. CDHS is in the process of building a mailing list for this project and asks prospective bidders to complete this attachment with the appropriate information in order to become part of the permanent, active mailing list for this project. In order to continue to receive updated information relevant to this RFP, please return this form as soon as possible via mail, FAX or e-mail using the information referenced below.

Note: It is not necessary to resubmit this form if you already completed and submitted this form following the release of the “draft” Disease Management Pilot Program RFP in October of 2005.

It is incumbent upon any Proposer who does not submit the Request for Inclusion on Mailing List form, but intends to bid on this contract, to monitor the website at <http://www.dhs.ca.gov/omcp> for any updates and/or future document releases pertaining to this RFP.

Submit this Request for Inclusion on Mailing List form through one of the following methods:

U.S. Mail, Hand Delivery or Overnight Express/Courier Service	Fax or E-mail:
Mailing List for RFP 05-45889 CA Department of Health Services Office of Medi-Cal Procurement Attn: Beverly Fisher 1501 Capitol Avenue, 5th Floor PO Box 997413, MS 4200 Sacramento CA 95899-7413	Mailing List for RFP 05-45889 Beverly Fisher CA Department of Health Services Office of Medi-Cal Procurement OMCPRFP7@dhs.ca.gov Fax: (916) 440-7369

Name of Proposer:

Mailing Address (*Street address, P.O. Box, City, State, Zip Code*):

E-Mail:

Contact Name:

Title:

Telephone number:

()

Fax number:

()

Attachment 15**Conflict of Interest Compliance Certificate**

- A. DHS intends to avoid conflicts of interest or the appearance of conflicts of interest on the part of the Contractor, subcontractors, or employees, officers and directors of the Contractor or subcontractors. Thus, DHS reserves the right to determine, in its sole discretion, whether any information received from any source indicates the existence of a conflict of interest.
- B. Conflicts of interest include, but are not limited to:
1. An instance where the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractor:
 - a. Has an interest, financial or otherwise, in a Medi-Cal provider; or
 - b. Is currently a party to a contract with a Medi-Cal provider; or
 - c. Is currently either providing to or receiving from a Medi-Cal provider, information of the type that would be exchanged with Medi-Cal providers under the contract; or
 - d. Is currently either providing to or receiving from a Medi-Cal provider, information of the type that would be prohibited from exchange with Medi-Cal providers under the contract.
 2. An instance where the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractor has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the contract would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the contract.
 3. An instance where the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractor is employed by a Medi-Cal provider.
 4. Where pursuant to the Political Reform Act (Government Code Section 87100-87500), a DHS official has an economic interest in the Contractor and the official makes, participates in the making of, or uses his or her official position to influence the making of a decision involving Contractor, where it is reasonably foreseeable that the decision could materially affect the official's economic interest.
 5. Where pursuant to Government Code Section 1090 et seq., a DHS official participates in the making of a contract with Contractor and the official is financially interested in the contract.
- C. DHS' determination of a suspected or potential conflict of interest will be based on all of the proposer's business affiliations and contractual relationships.
- D. If DHS is aware of a known or suspected conflict of interest, the proposer or Contractor will be given an opportunity to submit additional information or to resolve the conflict. A proposer or Contractor with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by DHS to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by DHS and cannot be resolved to the satisfaction of DHS, before or after the award of the contract, the conflict will be grounds for the proposal to be deemed nonresponsive and/or termination of the contract.
- E. The proposer shall place this Certificate in the Appendix Section of its technical proposal response to this RFP. This Certificate shall bear the original signature of an official or employee of the proposer who is authorized to bind the proposer.
- F. This Certificate will be incorporated into the contract, if any, awarded from this RFP. It is understood that this requirement shall be in effect for the entire term of the contract. The Contractor shall obtain a completed Certificate from any proposed subcontractor and submit it to DHS prior to approval of the subcontractor by DHS.
- G. The Contractor and each subcontractor shall notify DHS, Payment Systems Division, at MS 4700, 1501 Capitol Avenue, P.O. Box 997413, Sacramento, CA 95899-7413 within ten (10) working days of any change to the information provided on this Certificate.

- H. If the proposer has a suspected or potential conflict of interest, the proposer shall attach to this form a description of the relationship, a plan for ensuring that such a relationship will not adversely affect DHS, and procedures to guard against the existence of an actual Conflict of Interest.

The undersigned hereby affirms that: (check one)

- ☐ The statements above have been read and that no conflict of interest exists.
- ☐ A suspected or potential conflict of interest does exist, and additional information (as described in Paragraph H above) is attached along with a plan to address the possible conflict of interest.

Signed: _____ **Title:** _____ **Date:** _____

Type or Print Name of Authorized Representative: _____

**STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
SMALL BUSINESS PREFERENCE**

NOTICE TO ALL BIDDERS: Section 14835, et seq. of the California Government Code requires that a five percent preference be given to bidders who qualify as a small business. The rules and regulations of this law, including the definition of a small business for the delivery of service, are contained in Title 2, California Code of Regulations, Section 1896, et seq. A copy of the regulations is available upon request from the Department of General Services (DGS). To claim the small business preference, which may not exceed 5% for any rate proposal for this RFP, your firm must have its principal place of business located in California, have a completed application (including proof of annual receipts) on file with the appropriate office of the DGS (formerly referred to as Office of Small and Minority Business Certification and Resources [OSBCR]) by 5 p.m. on the date bids are opened (following conclusion of the technical proposal evaluation), and be verified by such office. In addition, the firm must meet all the requirements specified to be certified as a small business appropriate office of the DGS (formerly OSBCR). Questions regarding the preference approval process should be directed to the DGS at (916) 375-4940 or (800) 559-5529 (live operator).

Details about claiming this preference for RFP 05-45889 can be found in Section Q of the RFP, entitled Preference Programs.

Are you claiming preference as a small business? ☐ Yes ☐ No

The Bidder, by checking the applicable line, represents that it operates as:

- ☐ Individual ☐ Joint Venture
- ☐ Partnership ☐ Unincorporated Association
- ☐ Corporation, incorporated under the laws of the State of California
- ☐ Non Profit Corporation, incorporated under the laws of the State of California
- ☐ Other (Please Identify) * _____

COMPANY NAME: _____

SIGNATURE: _____
(Printed Name of Signatory)

TITLE: _____ DATE: _____

*include a copy of official certification to justify the preference